

Office of Administration
Commissioner's Office

REIMBURSEMENT REQUEST FOR OTHER SERVICES

Program: **Alternatives to Abortion**

Contractor: **Alliance For Life**

Subcontractor: **Pregnancy Help Center South County**

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name: [REDACTED]

Date Enrolled: **04/21/17**

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
ASAP - late as of 5/31/17	Auto Loan Payment	\$259.54	This is client's main source of transportation. She is unable to pay due to missed work because of days of debilitating pre-natal depression. She has talked with her OB doctor about it and he is treating her. She is also seeking out counseling. She is still employed, working and hopeful about getting through this.
Amt to be reimbursed		\$259.54	

The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

Authorized person requesting purchase: **Melissa Luther**

Alliance for Life Program Manager: **Carrie Hoelscher**

Purchase is Approved ☒ Denied ☐

A2A Signature

Emily Kraft

Date **5/31/17**

Reason for denying purchase: _____

MAIL—OR MAKE PAYMENTS IN PERSON TO:

No

ARROW FINANCE COMPANY

3528 HAMPTON
ST. LOUIS, MISSOURI 63139
352-1500

HOURS: MONDAYS 9 AM TO 7 PM
TUESDAY THRU FRIDAY 9 AM TO 5 PM

LATE CHARGE \$

15.00

ADDRESS

PAYMENTS ARE DUE AS FOLLOWS:

PAYMENTS OF \$

24 259.54

COMPLETING

3.16 17

INSTRUCTIONS FOR MAKING PAYMENTS

IN PERSON

Print your name, address and amount of payment on the coupon and present this book with payment

BY MAIL

Print your name, address and amount of payment on the coupon. Then, tear out coupon and send it with your remittance to the address on front cover. DO NOT SEND THE ENTIRE BOOK.

If more than one payment is being made, send one coupon for each payment.

Your cancelled check or money order stub is your receipt for mail payments

Make all remittances payable to us

IMPORTANT

Payments must be made in the exact amount and reach us on or before the due date designated on each coupon. Otherwise additional charges will be added to cover the extra expense involved in following up and handling delinquent payments.

RECORD OF PAYMENTS
BY MAIL ON THIS STUB
PAYMENTS MADE IN PERSON
WILL BE RECEIVED BELOW

DATE

AMOUNT \$

CASHIER

PAYMENT NUMBER	ACCOUNT NUMBER	NC	DF	A	DA
3		S	HC	C	

PRINT NAME

ADDRESS

CITY

AMOUNT OF PAYMENT \$

LATE CHARGES \$

TOTAL \$

THIS PAYMENT DUE ON DATE INDICATED BELOW

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31					

SEND COUPON TO
ARROW FINANCE CO.
3528 HAMPTON
ST. LOUIS, MO 63139